

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 470)

SERIAL NO. 29/55/4466
APPLICANT'S

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT										
	NO.	OFF.	NO.	OFF.	NO.	OFF.		NO.	OFF.	NO.	OFF.	NO.	OFF.	NO.	OFF.
1			1		1		61								
2				1		1	62								
3				1		1	63			1			1		
4				1		1	64							1	
5				1		1	65			1			1		
6				1		1	66							1	
7			1		1		67			1			1		
8				1		1	68							1	
9				1		1	69			1			1		
10				1		1	70							1	
11				1		1	71								
12				1		1	72								
13			1		1		73								
14				1		1	74								
15				1		1	75								
16				1		1	76								
17				1		1	77								
18				1		1	78								
19			1		1		79								
20				1		1	80								
21				1		1	81								
22				1		1	82								
23				1		1	83								
24				1		1	84								
25			1		1		85								
26				1		1	86								
27			1		1		87								
28				1		1	88								
29			1		1		89								
30				1		1	90								
31			1		1		91								
32				1		1	92								
33			1		1		93								
34				1		1	94								
35				1		1	95								
36				1		1	96								
37				1		1	97								
38			1		1		98								
39				1		1	99								
40				1		1	100								
41				1		1									
42				1		1									
43			1		1										
44				1		1									
45				1		1									
46				1		1									
47				1		1									
48			1		1										
49				1		1									
50				1		1									
TOTAL NO.			24		24		TOTAL NO.								
TOTAL OFF.			44		44		TOTAL OFF.								
TOTAL			68		68		TOTAL								

BEST AVAILABLE COPY